## 12020244079

FEC FORM

## STATEMENT OF ORGANIZATION

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12 APR 15 PM12: 23

TOKWI I				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Greg Sowards F	or Senate LLC		1 1 1 1	
ADDRESS (number and street)	2916 Maese Ln			
(Check if address is changed)	Las Cruces		NM	88007
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE  (Check if address is changed)	SS (Please provide only one eccompliance on the second of the second			
COMMITTEE'S WEB PAGE AD  (Check if address is changed)	DRESS (URL) www.sowardsforsenate.com	n 	1 1 1 1 1	
2. DATE 04 1				
3. FEC IDENTIFICATION N	имвек С о	000448423		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to Type or Print Name of Treasure Signature of Treasurer	ALL ODIE TOTALON	odie John	it is true, correct	
NOTE: Submission of false, erron		may subject the person signing		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)